

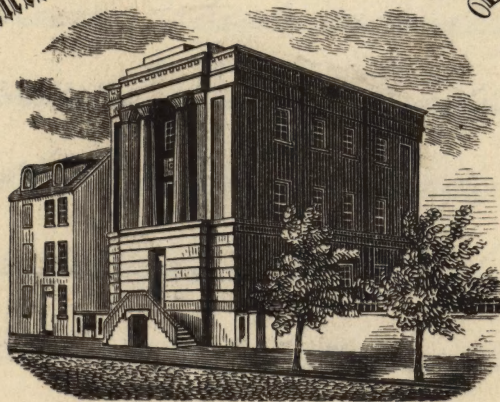


*Signa Graviditatis.*

RESPECTFULLY SUBMITTED TO THE FACULTY

*of the*

*Homoeopathic Medical College of Pennsylvania,*



FOR

The Degree of Doctor of Medicine

BY

*Harvey W. Farrington.*

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The student of medicine, during his first course at College, may often be heard to say, when speaking of his future career, that he is going to be a Surgeon. It seems to be the height of his ambition, and there are reasons for it too. Terrible as the sight of blood is to many, there is a strange fascination about a surgical operation, which cannot fail to interest even a casual observer, and make him wish for the strong hand, steady nerve, and brilliant execution, of the skillful operator. Then too the surroundings of an operating room have their influence upon the spectator. The long table with its cover of oil-cloth, the side-stand with its array of glittering cat-lins, scalpels, bistouries, saws, and every variety of instrument the exigency of the case might demand. And last but not least the case or



patient himself, praying, shouting, supplicating, all in a breath, requiring strong hands to keep him upon the table, while that great blessing to mankind (Ether) is being administered. All these things tend to captivate the fancy of the first course student, and we see him a regular attendant at the Hospital Clinics, on operation days, and he is supremely happy, when by chance, he is admitted to some of the private operations. But how changed the spirit of his dream, the second winter in College. Now his Surgeon fever has yielded to the study of Aconite Bell. &c, and he is ready to devote his whole time and attention, to those branches, but calculated to make him an intelligent and a good physician. And if he would become either of these, there is no branch which will demand more of his



attention than midwifery. But as a stepping stone to this science, he must be posted upon what are termed signs of pregnancy. The diagnosis of this condition is useful in many ways, for instance. There are females who will apply to us merely from curiosity to know their real condition, or a female having exposed herself, and knowing that the seeds are planted, which are to bring forth bitter fruit to her, comes to us to find out her real condition, in time to hide her guilt and shame by criminal means. Again where property is involved. A widow, heiress of a large fortune if she bear a child, desires to know her fate, and lastly pregnancy is sometimes pleaded, in stay of execution, in women capitally condemned, and we are called upon to decide as to its existence. The signs of pregnancy are divided into, 1st. rational, or better equivocal because they are found where pregnancy does not ex-



ist, and 2<sup>nd</sup> sensible signs. There are phenomena attendant upon certain cases, that may occur at any time during pregnancy, and which in my opinion do not belong either to the rational or sensible signs, but are rather sympathetic.

There are females, who no sooner become pregnant, than their taste and appetite become perverted.

This condition is denominated Pica or Malacia, and in it we find them, in the habit of eating acrid, sour or indigestible articles, such as pickles, coal, chalk, slate &c. They sometimes lose their appetite entirely, this condition of things lasts for two or three months, when like as not the very opposite of this takes place and they are afflicted with an almost insatiable appetite, frequently obliging them to rise at night to satisfy their hunger. Again females who are naturally kind, confiding and gay, become morose, sullen and taciturn.



and while pregnant, their nearest friends would hardly recognize their once sweet dispositioned acquaintance. But providentially, this state of things passes away after the birth of the child, and the mother regains her natural sweetness of disposition. Writers have attached great importance to these moral symptoms as a diagnostic sign, and no doubt they are worthy of particular consideration. Another frequent accompaniment of pregnancy is called the morning sickness. This is not an invariable accompaniment of gestation, and luckily too, for it is often most distressing in its character. The old school men can do nothing at all for these cases, and have even gone so far as to produce abortion, for the purpose of relieving the Mother of this distressing malady. It however can almost always afford relief, if not make an absolute cure, by the use of the proper Homoeopathic remedy. It commences generally with the first



month of pregnancy, and among females is considered a certain sign. Sometimes it does not begin until the third or fourth month, though rarely later than that. Its duration is generally, six or eight weeks, sometimes lasting four or five months, but rarely continuing throughout the whole term of gestation. It generally reappears the first fortnight of the ninth month, but disappears again the last two weeks. It is probably produced at this late stage by the pressure of the distended Uterus, upon the Stomach, and when we take into consideration the close sympathy existing between the uterus and stomach, we cannot be surprised that the great changes which are going on in the former, should exercise a powerful influence upon the latter, even in the earliest days of pregnancy. The vomiting is excited by various causes in different females. Some vomit a viscid, glaucous mucus, tinged with bile, if the retching has been severe, and this occurs every morning. In others it is exci-



led by partaking of their usual meals, while with others the mere smell or even thought of food is sufficient to excite vomiting.

In these bad cases, the mother is often so reduced in health, as to be barely able to effect nutrition for herself, to say nothing of the child, and I think this is one good point with which to combat the theory, that the child is dependant wholly upon the mother for its nutrition; for Cazeaux says, "I do not know of a single well authenticated case of death of the foetus, from inanition, through defective nutrition of the mother."

The sensible signs of Pregnancy are numerous, but as a general thing are not to be depended upon so fully as the rational signs, Among the first are those attendant upon the act of coition



itself. The retention of the semen by the female, the increased dryness of the penis upon being withdrawn; a spasm of the female, sometimes so violent as to produce vomiting and even syncope; the enlargement of the neck of the female; the elongation of the neck of the Uterus, and the transformation of its orifice from a transverse to a circular form; the depression and gloom which affects them for some days after impregnation; and a general exethism, a more voluptuous sensation, attending the act. These signs are not of much value, except perhaps the last, and that depends in a measure upon the female herself. If she abandon herself with great ardour to the embrace,



she will be more likely to experience a greater sense of voluptuousness and eroticism, yet authors declare that these women conceive least readily, while those denominated cold women, are impregnated with the greatest ease.

The first rational sign that is really valuable, is the suppression of the menses, but this is by no means a certain sign; for females have been known to become pregnant before the first appearance of the catamenia, or when the discharge has been accidentally suppressed, or when they have ceased menstruating having passed the change of life.

On the other hand, females have been known to menstruate regularly the first two or three months, or even through the



whole course of pregnancy, and others who were actually never regular, except when pregnant. Again in newly married females, they may become suppressed and we might feel inclined in our own minds, to pronounce them pregnant. The abdomen and mammary glands might also become enlarged, with an increased sensibility of the latter, and yet all this be merely the result of excessive sexual intercourse. The next sign in importance is the enlargement of the breasts. They become larger, rounder, harder, and are more easily moved about, appearing as if detached from the pectoral muscles. The enlargement is often attended by pricking sensations, or even pain. The nipple becomes more prominent, and is surrounded by an areolar, yellowish at first, but gradually becoming of a brown color, lighter or



darker according to the complexion of the person. Springing up from this areolar, are a number of glandular bodies, which excrete a serous or milky substance. The veins of the bosom also become enlarged, and may be distinctly traced, as they converge towards the areolar surrounding the nipple. About the fifth month small colored spots show themselves around the areolar already existing, thus forming a new one, rather lighter in color. This peculiar appearance of the breasts, is considered almost positive proof of pregnancy, so much so, that the celebrated Dr. Hunter, once said, on observing this condition of things in a cadaver, that he was certain a fetus would be found in the Uterus. On a more minute examination being made, the hymen was found intact. Hunter however repeated his assertion that the body,



contained a fetus, and on opening it he was found to be correct. The next rational sign is enlargement of the abdomen. It usually becomes more prominent the first month, but at about the end of the second, is flatter than natural, on account of the descent of the uterus into the pelvis. About the third month, or at three months and a half, the abdomen begins to increase in size, and progresses regularly thenceforth until full term. This is subject to modifications however, for the abdomen will not be so prominent in women of large frame, or great breadth of pelvis. The greater or lesser projection of the promontory of the sacrum, has also an influence upon the size of the abdomen. The umbilical depression is at first deeper than at any other time, because the urachus, being attached to the umbilicus and also to the fundus of the bladder,



produces a tension, and consequent depression of the former, as the uterus descends. But at the end of the third month, when the uterus ascends above the superior strait, it resumes its natural appearance. During the fourth month it is less depressed than natural, at the seventh month it is found on a level with the skin, while during the last two months it forms a protuberance. These changes in the umbilicus are of great value, because they are almost constant, they may exist however in persons afflicted with tumours of large size, or effusions of fluid into the peritoneum, and from the connection of the two, I should think that prolapsus of the bladder, would produce a depression of the umbilicus. For some years past the changes in the urine of pregnant females, has engaged



the attention of scientific men, and endeavours have been made to establish rules, by which pregnancy could be the urine. The peculiar substance found in the urine during pregnancy is called *Kyesteine*. On allowing some fresh urine, from a pregnant female, to stand in a glass, in a cool place, the following peculiarities will be observed. At first it is acid, whitish, somewhat cloudy, and nauseous in its odor. There are little white corpuscles, distinguishable by the glass, held in suspension in it. They fall in a short time in the form of flakes, and attach themselves to the bottom and sides of the glass. The urine now becomes clear and transparent. No change has taken place as yet on the surface, but in from eighteen to twenty four hours,



numbers of small granules unite and form a thin transparent layer, visible only in certain positions. On the second or third day, rarely later, the urine becomes cloudy again, even more than it was at first, the odor is stronger, and a pellicle forms, very small at first, but gradually becoming larger and larger. This pellicle is destroyed by the fifth or sixth day, is precipitated, and forms a whitish crust on top of the sediment already deposited there. A new pellicle is now formed, not so white as the former, which in its turn gives way to a third, resembling more the pellicle found in urine undergoing decomposition.

Sensible signs. The sensible signs, as the name indicates, are those which can be appreciated by the senses. They are derived usually from auscultation or the touch. The touch is exercised



to ascertain the existence of pregnancy; how far it has proceeded; whether labor has commenced; the existence of obstacles to a safe and speedy delivery and the position of the child. The method of making an examination by touch is as follows. The patient is placed in bed, either upon the back or left side, the latter is the best, with the legs slightly flexed upon the thighs, and the thighs upon the abdomen. The knees should also be slightly separated by means of a pillow or cushion of some kind. The index finger is then thoroughly lubricated with some oily substance, lard is good if it contains no salt, so as not to irritate the sensitive mucous membrane of the vagina. The hand is then placed under the bed-clothes, with the dorsum directed towards the thighs of the



mother, and passed upwards until the back of the finger, slightly flexed, rests against the labia; when by simply straightening the finger it enters the vagina. If we proceed in this manner, the finger enters from behind, forwards, instead of from before, backwards, and we do not irritate the clitoris or meatus urinarius, which we should always avoid touching as it is particularly disagreeable to females. The signs which can be diagnosed by the *louché* are Palpation which includes the active movements of the child and Ballotment which includes the passive movements of the child. The results obtained by palpation are of great importance, and should always be resorted to when we wish to be certain of the existence of pregnancy. There are some obstacles to the perfect performance of this operation. The bladder



may be large and distended with urine; the walls of the abdomen may be too thick and its muscles very tense, and lastly a fixed pain in the abdomen rendering pressure painful. In order to perform it, the patient must lie down upon her back, the trunk slightly elevated, and the thighs flexed so as to completely relax the muscles of the abdomen. The uterus remains below the level of the superior strait, until the end of the third month, when it is found on a level with it. Now place the ends of the eight fingers just above the symphysis pubis, and gradually ascend. At the end of four months, the fundus will be found midway between the symphysis and umbilicus, at five months it will be one finger breadth below the umbilicus, and the same distance above it at the end of the sixth. At the seventh it is four fingers breadth above the umbil.



icus, and five or six at the end of the eighth. The first fortnight of the ninth month, the fundus has reached the epigastric region, and gains the border of the false ribs upon the right side. The last fortnight the fundus has sunk lower than it was the preceeding two weeks, because at this time its dimensions are suddenly increased. The neck which has gone on softening all this time, now gives way, and becomes incorporated with the body of the uterus, and the fetus sinks lower down, in the increased space thus afforded him. Active movements. The woman first perceives the movements of the child at about four months and a half, although they can be observed much earlier by the accoucher. Sometimes they can be perceived by the female herself as early as the latter half of the third month, in others they are not felt.



before the fifth, sixth, seventh, or even the eighth month. To perceive them it is generally only necessary to place the hand flat upon the abdomen, when the motions can be distinctly felt. Sometimes they are so feeble as to be scarcely distinguishable, when by placing the hand, wet with cold water, suddenly upon the abdomen they become quite distinct. This sudden impression of cold, is however, more likely to produce an involuntary contraction of the muscles, which would have a tendency to deceive us. The better plan is to place a hand upon one side of the abdomen, and strike with the other upon a point opposite, when the fetus rarely fails to move briskly as if to resist the shock. The passive movements or Ballotment. This cannot be practised so readily before the fourth month, for previous to this the fetus is too small, and chan



ges its position too readily. The seventh month is the time at which the ballotment is best perceived, because the amount of amniotic fluid is large and the fetus as yet rather small. But at the end of the eighth month, the sensation is no longer apparent, unless there is an unusual amount of fluid, for then the fetus has become too large. In order to practise this, the index finger is introduced as before directed, until it rests against the body of the uterus, either before or behind the neck. The other hand is placed upon the abdomen, and presses upon the fundus. Now by suddenly flexing the first phalanx of the finger, and forcibly extending it again, we produce a concussion, which causes the fetus to rise in the uterus, and when it descends it strikes against the walls immediately.



above the finger, conveying the same sensation that a stone placed in a bladder of water would, if the experiment were tried with it. Some writers recommended that the finger be placed against the cervix of the uterus, but that would only serve to increase the distance between our finger and the child, and would only make it more difficult to perceive the descent of the child. We may sometimes be misled by stone in the bladder, but in such cases, by placing the female in different positions, we will find that the shock will only be perceived, when she is in the vertical position.

It is sometimes necessary to make this examination by the rectum but only in rare cases. For instance a large tumour is felt in the vagina, and we cannot decide whether it is situated in the septum between the re-



lum, and vagina or adherent to the bony structures. In this case we should have to make an examination per rectum. Auscultation. If the abdomen of a pregnant woman be auscultated we can distinctly perceive two sounds, one consisting of pulsations, the other is a sort of rustling, unattended by pulsations, and accompanied by a souffle. It is called the bellows murmur or bruit de souffle. The former is the sound of the fetal heart, and is compared to the sound of a watch, enveloped in a napkin. The pulsations of the fetal heart may be heard more frequently during the fourth or fifth month. They are perceived high up in the umbilical region, and number from one hundred and thirty to one hundred and sixty per minute. They are increased in frequency if the fetus is in motion,



but the state of the mothers pulse has no effect upon them. The pulsations are more distinctly heard in the dorsal region of the child, and consequently in that part of the abdomen corresponding to it. The pulsations may be rendered indistinct by the position of the child; by an excess of liquor amnii; the interposition of folds of intestine between the walls of the uterus and abdomen; and an accumulation of gas in the cavity of the abdomen. There are two sounds to the fetal heart the second being stronger than the first, though they are both heard more indistinctly, as we leave the centre of circulation. Auscultation can also be applied to the diagnosis of twin pregnancies, in which case we distinguish the pulsations of two fetal hearts. Generally



These sounds are heard one in the right, and the other in the left side of the abdomen, but sometimes one child is directly in front of the other, when it is almost impossible to hear the pulsations of the posterior one. The bellows murmur or bruit de souffle, has been the theme of much dispute among the scientific men of the old school. While some locate it in the placenta, others declare it is produced by the large bloodvessels situated upon the posterior plane of the abdomen. I think the mass of testimony is in favor of the latter, for out of 295 observations by M. Depaul, it was distinctly heard 182 times on each side of the abdomen, immediately above the crural arch; in 27 cases it appeared only on one side; in 43 towards the fundus of the uterus, and in 18 it



was spread over the entire surface of that organ. We see therefore, that only one of these signs is of any real value, that of the foetal heart, the other being also produced by other causes is not a certain sign of pregnancy. Percussion may also assist in forming a diagnosis of pregnancy. The patient is placed in bed, the limbs not flexed, as it is not so well to have the abdomen relaxed, and then by percussing we can get a flat sound over the uterus, and a resonant sound all around it. By this means we can find out the exact dimensions of the uterus, and it would be useful in deciding as to the presence of more than one child.